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ABSTRACT

This report offers a theoretical approach to the study of family adaptation to stress. Major works pertaining to family theory, research, and stress, published since 1979, are explored as a theoretical framework, and three conclusions are drawn from these sources: (1) Hill's ABCX model of family stress still influences family stress research; (2) the emphasis in family theory and research is shifting from observing outcomes to explaining them; and (3) systems theory allows for the conceptualization of complex family phenomena. Systems theory, which posits circular relationships among events, is discussed in terms of three concepts which provide a theoretical basis for the study of family adaptation to stress: that any event occurring within the system will have an impact upon the entire system; that there are feedback loops, both positive and negative, which either interrupt or escalate the stress cycle; and the concept of morphogenesis, or events which require a change in family rules in order to restore stability to the system. A systemic model of family stress based on Hill's model is then described, and operational definitions of the six constructs included in the theoretical model are discussed: health problems; behavior problems; emote OK (family rules about emotional expression); role flexibility; emote (experienced emotions); and adapt (absence of problems previously present). Methods of measuring each of these constructs are also discussed. Graphic illustrations of Hill's ABCX model and of the systematic revision are appended. (AG)

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Conceptualizing Family Stress

A Systemic Revision of Hill's ABCX Model

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Conceptualizing Family Stress

A Systemic Revision of Hill's ABCX Model

Alberta Koch

A systemic model of family stress is proposed. This model incorporates the constructs of Hill's ABCX model of family stress. In the proposed model, a researcher or therapist enters the family system at the onset of a target stressor. Two questions are then asked: (1) Is there a family rule which permits expression of emotions and (2) Is there a family rule which allows for flexibility of role behaviors? If both questions are answered yes, family adaptation to the stressor is predicted. If either question is answered negatively, it is hypothesized that at least one health or behavior problem will ensue. The family will enter a positive feedback loop of escalating stress, as the new health or behavior problem is conceptualized as a second stressor. The questions about emotional expression and role flexibility are again raised; a yes answer will terminate the positive feedback loop, while a negative response will result in the addition of yet another stressor. This positive feedback loop is expected to continue until a morphogenesis, or change of family rules, occurs.

CONCEPTUALIZING FAMILY STRESS

As the extrafamiliaral environment becomes increasingly complex, the family and its members experience more varied and more frequent intra- and extrafamilial stressors. Thus the study of family adaptation to stress has become increasingly more important. In order to facilitate coping, we must understand the processes which exacerbate and ameliorate stress within families. A first step toward this understanding entails developing a theoretical framework from which to study family adaptation to stress.

Since 1979, three major works pertaining to family theory, research, and stress have been published. Burr, Hill, Reiss, and Nye's (1979) two-volume summary of the state of family theory and research in general and in a variety of substantive areas was the first. The second was the Journal of Marriage and the Family's Decade Review (Berardo, 1980) of the family literature, which included an article on stress (McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980). A special issue of Family Relations on family stress, coping, & adaptation appeared in the same year (McCubbin & Boss, 1980).

Three conclusions may be derived from these sources. First, Hill's (1949, 1958) ABCX model of family stress still serves to inform family stress research. The suggestions for elaborating upon it (Burr, 1973; Hansen & Johnson, 1979; McCubbin & Patterson, 1980; Reiss & Oliveri, 1980) have not departed from the model's atheoretical nature.

A second conclusion to be drawn from the three recent reviews is that the emphasis in family theory and research is shifting from observing outcomes to explaining them. Toward this end, a call for family process research pervaded the literature.

Finally, although systems theory has neither been conceptually nor empirically applied to family stress, this theory allows for the conceptualization of complex family phenomena. It is therefore valuable as a theoretical underpinning for family process research in any substantive area.

The purpose of this paper is to proffer a theoretical approach to the study of family adaptation to stress. The theoretical model to be described integrates Hill's ABCX model into a systemic model which is susceptible of empirical testing. An instrument which might be used to test this theoretical model of family stress will also be described.

Systems Theory

Families are extremely complex phenomena. The interactions among family members and the processes which precede commonly observed outcomes cannot be conceptualized using traditional linear and nonrecursive theories. Systems theory posits circular relationships among events and therefore has come into vogue as a theoretical framework for conceptualizing family phenomena (Broderick & Smith, 1979). Although systems theory has been criticized as teleological and too broad in scope to meet the criteria for theory, propositions may be generated from it which provide a theoretical basis for studying family adaptation to stress. Systems theory has the advantage of accounting for the complex, recursive interactions which occur within families.

In addition to being nonlinear and recursive, systems theory can make three contributions to the study of family adaptation to stress. First, systems theory posits that any event occurring within the system will have an inpact upon the entire system (Hoffman, 1971). For example, if the

husband/father loses his job, children will be affected in terms of economic limits on their activities and by any change in either parent's behavior which is associated with the job loss. The latter may range from the father spending more time with his children to his ignoring or beating them and from the mother returning to work to her verbally abusing the father. Similarly, if a child is diagnosed as having a chronic illness requiring frequent medical treatments, siblings may find their parents focusing attention on the patient to the exclusion of themselves. Thus, whether a stressor impinges upon a single family member or on the family as a whole, the entire system may be expected to experience disruption and need to adapt to the stressor in order to regain equilibrium.

A second concept of systems theory which may facilitate explanation of family adaptation to stress is feedback loops within the family system (Broderick & Smith, 1979, Hoffman, 1971). Positive feedback loops amplify events which occur in the system by perpetuating them. Each time the event recurs, or completes a cycle in the feedback loop, it builds upon previous cycles. For example, if a child is acting out and her/his behavior is deflecting attention from parental marital problems, systems theorists posit that the acting out behavior will continue. However, each time the child misbehaves, she/he is building on an increasing history of acting out behaviors and other family members are no longer responding to the acting out behavior as they did the first time it occurred. Positive feedback loops continue until either the system disintegrates or a morphogenesis occurs.

Negative feedback loops are also found in families. In a negative feedback loop, events are interrupted so that they can neither continue nor escalate. Thus, when a child acts out in a family in which the marital dyad does not require protection, parents will mobilize their resources, seek out the source of the child's behavior problem, and discover ways to prevent its recurrence.

The third systems concept to be used in deriving a theoretical model of family stress is morphogenesis (Broderick & Smith, 1979). This term refers to events which require a change in family rules in order to restore homeostasis to the system. Any unexpected stressor which disrupts the family and for which prior strategies for adaptation prove insufficient will either bring about a morphogenesis or disrupt the system.

Systemic Model of Family Stress

The hypotheses to be derived from a systemic approach to family stress can best be described in terms of a theoretical model (Figure 2). An unexpected, target stressor, i.e., the one being studied, enters the model from a third dimension above "Emote OK & Role Flexibility." It is assumed that families cope with expected stressors, such as a child entering school for the first time, in a manner similar to that with which they cope with unanticipated stress, at least initially, and that these coping mechanisms may engender additional stress.

When a family rule which permits the expression of feelings exists and when the roles which family members are flexible in terms of being interchangeable when necessary and in terms of utilizing extrafamilial social resources, then family members express their reactions to the stressor and no further stress in engendered. Although defining adaptation as the absence of additional stress is extremely limited, to date there are insufficient data to formulate a typology of adaptation styles. Hopefully, the model depicted in Figure 2 will generate research on adaptation styles. One of the purposes of this model is to generate a typology of family adaptation styles and to determine the stages through which these styles evolve and their permanence. A negative feedback loop is implied, in that cyclic stress in interrupted.

Note that both conditions, permission to express feelings and flexible roles, must be present in the family.

When either of these conditons is not met, i.e., when family rules prohibit emotional expression for any or all family members and/or when family members are locked into roles, a positive feedback loop occurs. It is hypothesized that at least one health or behavior problem will emerge. The family member(s) who exhibit(s) the problem(s) is(are) not specified due to lack of information from which to make predictions. However, the writer believes that who manifests the problem(s) will vary with individual personalities and idiosyncratic family styles and thus may never be easily predicted.

The positive feedback loop entails conceptualizing any health and/or behavior problem as an additional stressor. Thus, the questions of roles and rules recur; when emotional expression and role flexibility are again absent, a third stressor appears. The only exit from this positive feedback loop of escalating stress is a morphogenesis. When the rules governing emotional expression and role flexibility change, then the family members emote and adapt and the positive feedback loop is terminated. It is assumed that when roles appear inflexible in the face of a need for role flexibility, a family rule prohibiting role flexibility is in effect.

Several points about this positive feedback loop must be made. First, one never knows in which cycle one enters, because the target stressor may not have been the first stressor. However, family histories of stress may extend back in time for several generations and may be inaccessible to family members as well as to researchers. Thus, one chooses a target stressor and enters the system irrespective of the family's prior experience in the feedback loop. A second aspect of the positive feedback loop is that as it

continues, the need to emote and the need for more flexible role behavior increases within the family. Finally, for those in the helping professions who are interested in interrupting the posiive feedback loop to prevent further stress within the family, the point at which to intervene appears to be the family rules governing emoting and role behaviors.

This model is assumed to be inclusive. Health and behavior problems are defined so that they are inclusive of intrafamilial stressors, and any extrafamilial stressor which is associated with the target stressor would be mediated by intrafamilial stress, or health and behavior problems. For example, if a child is diagnosed as having a life-threatening illness and then the father loses his job, it is assumed that any relationship between these two events would be mediated by job-disrupting health or behavior problems manifested by the father. Similarly, if a fire in the family's home is associated with the ilness, this relationship might entail negligent behavior on the part of a distressed family member.

The hypothesis that rules about emoting and role flexibility are key variables in adaptation to stress has been induced from the clinical and research literature about families of chronically ill children; form Hill's (1949, 1958) ABCX model, in which role flexibility is included as one variable mediating stress and outcome; and from Kantor and Lehr's (1975) qualitative study comparing families with and without emotionally ill members, the findings from which indicated that role flexibility was the primary distinguishing variable. The degree to which permission to emote and role flexibility determine family adaptation to stress can be determined only when the hypotheses contained in the model depicted in Figure 2 are tested.

Operationalization of the Model

The operational definitions of the constructs in cluded in the theoretical model (Fugure 2) will be described. The methods of measuring these constructs will also be described.

Health problems. Health problems include any physical illness or death in the family (Koch Inventory of Systemic Stressors, 1982, questions 1-7). Emotional distress is also considered a health problemm and is measured in terms of seeking counseling, (KISS, questions 8-10), perceived severity of the stressor, (KISS, questions 48-51), and negative outlook (KISS, questions 99-116). Negative outlook is conceptualized in terms Kantor and Lehr's (1975) meaning; it includes lack of trust in the in the extrafamilial environment and feeling out of control and unable to cope. It was included so that emotionally distresed families or family members who do not seek help will not be overlooked. Finally, at least some health problems can be avoided or minimized by preventive care. Preventive care is measured in terms of exercise, diet, and sleeping habits (KISS, questions 11-23).

Behavior problems. Behavior problems will be operationalized in two ways. First, behavior problems entail breaking family rules, as observed by what the family labels acting out behaviors. These acting out behaviors include drinking, drug use, gambling and shopping sprees, low grades, getting into trouble at home, at work or with the police, and leaving the family (KISS, questions 58-76 and 83-86). Second, behavior problems may be operationalized in terms of disturbances in communication, such as withdrawal, verbal attacks, and nonverbal cues (KISS, questions 77-82; verbal and nonverbal interactions among family members observed on the videotapes and analyzed using sequential analytic techniques).

Emote OK. Family rules are easier to observe when they are boken than when family members adhere to them. Thus, familyrules about emoting will be operationalized as family members' discomfort when some one in the family is emoting (KISS, questions 87-89; verbal and nonverbal sanctions following emotional expression observed on the videotapes). It is assumed that when families enforce rules prohibiting expression of feelings, emoting creates discomfort and will be verbally or nonverbally labeled pathological.

Role flexibility. Role flexibility will be operationalized in three ways. The first is in terms of task performance (KISS, questions 24-27). Second, role flexibility will be operationalized in terms of flexibility in assuming the four player parts described by Kantor and Lehr (1975). Data about this index of role flexibility will be acquired from abserving taped interveiws. Families falling into the highest and lowest quartiles of the sample in terms of equality of distribution of each player part among family members will be compared to determine whether this measure of role flexibility is predictive of family adaptation to stress. Fianlly, role felxibility will be operationalized as differentiation of family members. Cooper, Gratevant, & Condon (1982) described a reliable method of measuring differentiation of family members using videotapes of family interactions. Three indices of family differentiation were observed: self-assertion, validation, & subsystem boundary permeability. It is assumed that when family members are differentiated, they will also be flexible in terms of role behavior (Napier & Whitaker, 1978; Minuchin, 1978).

Emote. Emoting will be operationalized in terms of the feelings which family members report experiencing (KISS, questions 30-47 and 52-57). Questions about the amount of time which family members spend together are included as indices of emoting because family members who report being

concerned about one another following th eonset of a stresser also report spending increased amounts of time together (Koch, 1981; in preparation).

Adapt. Until more data are available, adaptation will be operationalized as the absence of the behavior and health problems previously described and as such, adaptation cannot be independently measured.

All of the variables in Hill's (1949, 1958) ABCX model are included in this systemic model. Hill's stressor (A) is now called the target stressor; subsequent stressors which occur in maladaptive family systems may also be conceptualized as Hill's variable A. McCubbin et al. (1980) have, in fact, postulated a series of ABCXs as descriptive of family response to stress. Hill's meaning (B) has been included in the emotional health variable in this systemic model. Role flexibility, Hill's variable C, is one of the determinants of adaptation or increased stress. If Hill's model was integrated into Figure 2 , it would appear as:

Health & Behavior Problems (-r between C & X)	Emote OK & Role Flex (B)	Emote & Adapt (X)

A enters system on third dimension above Emote OK & Role Flexibility and is perpetuated when a positive feedback loop occurs.

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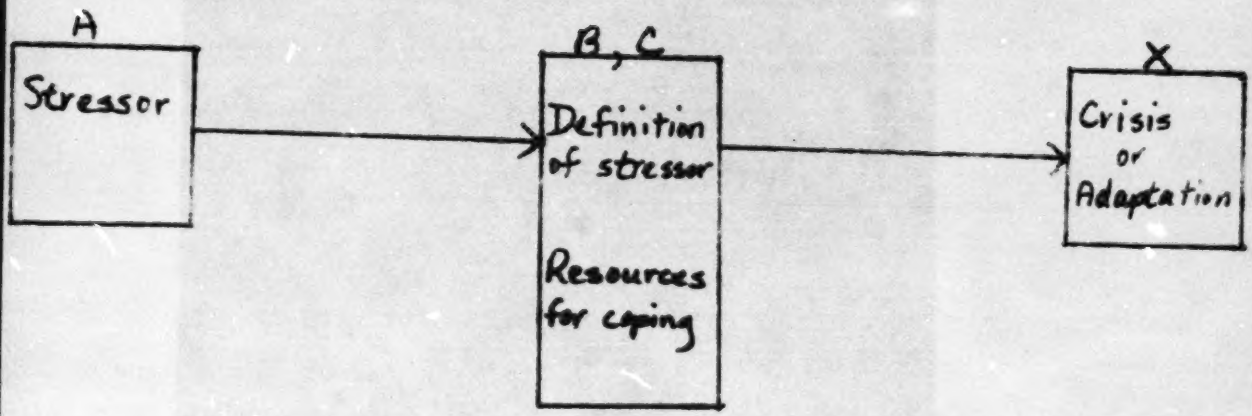

Figure 1: Hill's ABCX Model

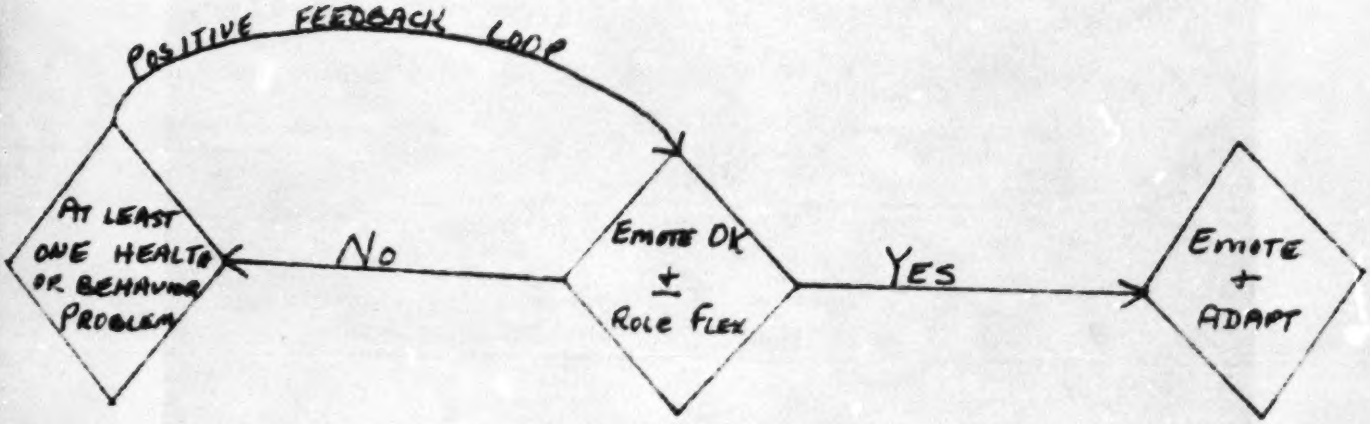

Figure 2: Systemic Revision of Hill's ABCX Model